



**City of Sunnyvale
Advisory Committee on Accessibility (ACA)
Member Application Form**

Office Use Only
Date Received: _____
Application Completed: _____

Options for submitting your application:

FAX: (408) 737-4965

E-MAIL: ntruitt@ci.sunnyvale.ca.us

MAIL: Community Resources, City of Sunnyvale, P.O. Box 3707, Sunnyvale, CA 94088

IN PERSON: Sunnyvale Senior Center, 550 E. Remington Drive, Sunnyvale, 94087

Questions? Please call Nathan Truitt, Community Resources Coordinator at (408) 730-7472

1. Name _____
Last First

2. Residence Address _____
Street City Zip

3. Mailing Address _____
(if different from above) Street City Zip

4. Email address _____

5. Telephone Number (H) _____
(Area code)
(W) _____
(Area code)

6. Name of employer, if applicable _____

7. Which of these interests do you represent?: (check all that apply)

- a Sunnyvale resident with a disability ☐
 - a family member or caregiver of a resident with a disability ☐
 - affiliated with an agency serving persons with disabilities in Sunnyvale ☐
 - an expert in areas related to accessibility issues ☐
- Area of expertise: _____

8. How long have you been a resident of Sunnyvale? _____

Applicant Name: _____

Please print or type your responses to the following questions below. If you need more space, attach an additional sheet.

9. Why would you like to serve on this Committee?

10. What relevant expertise, skills, experience and perspective would you bring to the Advisory Committee on Accessibility?

11. Describe your involvement in community, volunteer, or civic activities.

12. The primary role of the ACA is to advise staff on the City's accessibility issues. How do you think this could be best accomplished?

13. Are you currently an employee of the City of Sunnyvale?
(Circle one) Yes No

14. Do you have any relatives or household members that are employees of the City of Sunnyvale?
(Circle one) Yes No

15. Are you currently serving on a City of Sunnyvale board or commission?
(Circle one) Yes No

If yes, which one? _____

When does your term expire? _____

16. Do you have any physical or mental constraints which may affect your ability to perform the duties of an ACA member?
(Circle one) Yes No

Applicant Name: _____

(Note: Pursuant to the Americans with Disabilities Act, the City of Sunnyvale will make reasonable efforts to accommodate persons with qualified disabilities.)

If yes, what can the City do to accommodate these constraints?

17. What do you consider the principle issues that should be addressed by the ACA?

18. Please list two references who can speak about your ability to act as a potential Advisory Committee on Accessibility member. Preferred references are from your employment, school, or organizations/groups you belong to. Personal references are also acceptable.

Name _____ Phone _____

Relationship to you _____

Name _____ Phone _____

Relationship to you _____

I certify under penalty of perjury that all statements I have made on this application are true and correct. I hereby authorize the City of Sunnyvale to investigate the accuracy of this information from any person or organization, and I release the City of Sunnyvale and all persons and organizations from all claims and liabilities arising from such investigation or the supplying of information for such investigation. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

Your application is not complete until this application is completed, signed and returned.
Applicants are also requested, on a voluntary basis, to complete the last page of this application.

IMPORTANT NOTICE

Please note that all information provided on this form becomes public record after it is officially filed. Please do not include any information on this form that you do not want posted on the City's web site and the City's Official Roster.

Signature of Applicant _____ Date _____

**City of Sunnyvale
Advisory Committee on Accessibility (ACA)**

SUPPLEMENTAL BACKGROUND INFORMATION

IMPORTANT NOTICE

Section 1233 of the California Government Code gives each applicant the opportunity to voluntarily indicate his/her identification on an application. The following information will be used by the City of Sunnyvale in conducting research and compiling statistical reports regarding the composition of ACA applicants. It is illegal to use this information to discriminate against, or give preference to, a person for appointment. Upon receipt of your application with this information, this page will be removed from your application and provided to the Neighborhood and Community Services Division office for recording data purposes. It will not be made a part of the application review process. This page is optional.

1. What is your racial/ethnic background? (Place an "X" next to your answer)	
<input type="checkbox"/>	Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
<input type="checkbox"/>	Black (not of Hispanic Origins): All persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/>	Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish cultures, regardless of race.
<input type="checkbox"/>	Native American or Alaskan Native: All persons having origins in any of the original peoples of North American, or who maintain cultural identification through tribal affiliation.
<input type="checkbox"/>	White (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

2. How did you hear of this opening? (Place an "X" next to your answer)			
<input type="checkbox"/>	City Bulletin Board	<input type="checkbox"/>	San Jose Mercury News
<input type="checkbox"/>	City Employee	<input type="checkbox"/>	Other daily newspaper
<input type="checkbox"/>	Sunnyvale Sun Newspaper	<input type="checkbox"/>	City event
<input type="checkbox"/>	Mailed Announcement	<input type="checkbox"/>	City Council meeting
<input type="checkbox"/>	Recruited by City	<input type="checkbox"/>	City's web site
<input type="checkbox"/>	Walk-in	<input type="checkbox"/>	Utility Bill stuffers
<input type="checkbox"/>	City's Quarterly Report (newsletter)	<input type="checkbox"/>	Other (please specify)

Please submit this page with your application.

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